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06-29-00

PTO/SB/05 (4/98)

Patent Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

042390.P7709

First Inventor or Application Identifier

Carl M. Ellison

Title

A PLATFORM AND METHOD FOR ESTABLISHING PROVABLE IDENTITIES WHILE MAINTAINING  
PRIVACY

Express Mail Label No.

EL466332415US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification [Total Pages 12]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the invention
  - Brief Summary of the invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 4]
4. Oath or Declaration [Total Pages 4]
  - a. ☒ Newly executed (original copy)
  - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 CFR §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO - 1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ \*Small Entity Statement(s) ☐ Statement filed in prior application,  
Status still proper and desired
14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15. ☐ Other: .....

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY  
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED  
(37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS  
RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No:

Prior application Information: Examiner

Group/Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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or ☒ Correspondence address below

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Signature

Date

06/28/00

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PTO/SB/17 (12/99)

Approved for use through 09/30/2000. OMB 0651-0032

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|   |  |  |  |
|---|--|--|--|
| <h2 style="margin: 0;">FEE TRANSMITTAL<br/>for FY 2000</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.<br/>Small Entity payments must be supported by a small entity statement,<br/>otherwise large entity fees must be paid. See Forms PTO/SB/09-12.<br/>See 37 C.F.R §§ 1.27 and 1.28.</p> |  | <p><b>Complete if Known</b></p>  |  |
| <p><b>TOTAL AMOUNT OF PAYMENT</b>      (\$)</p>   |  | <p>Application Number</p> <p>Filing Date      June 28, 2000</p> <p>First Named Inventor      Carl M. Ellison</p> <p>Examiner Name</p> <p>Group/Art Unit</p> <p>Attorney Docket No.      042390:P7709</p> |  |
| <p>TOTAL AMOUNT OF PAYMENT      (\$)      730.00</p>  |  |  |  |

| <p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees to:</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit any over payments to:</p> <p>Deposit Account Number      02-2666</p> <p>Deposit Account Name      Blakely, Sokoloff, Taylor &amp; Zafman LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fees Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check      <input type="checkbox"/> Money Order      <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table style="width: 100%; font-size: x-small;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>101</td> <td>690</td> <td>201</td> <td>345</td> <td>Utility filing fee</td> <td>\$690.00</td> </tr> <tr> <td>106</td> <td>310</td> <td>206</td> <td>155</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>480</td> <td>207</td> <td>240</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>690</td> <td>208</td> <td>345</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>(\$)</b> 690.00</td> </tr> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table style="width: 100%; font-size: x-small;"> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th>Independent</th> <th>Multiple Dependent</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> <tr> <td>20</td> <td>3</td> <td>20</td> <td>3</td> <td>0</td> <td>18.00</td> <td>0</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>78.00</td> <td></td> <td></td> </tr> </table> <p><small>**or number previously paid, if greater. For Reissues, see below</small></p> <table style="width: 100%; font-size: x-small;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>78</td> <td>202</td> <td>39</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>260</td> <td>204</td> <td>130</td> <td>Multiple Dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>78</td> <td>209</td> <td>39</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$)</b> 0.00</td> </tr> </table> | Large Entity       |              | Small Entity |  | Fee Description    | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101 | 690 | 201 | 345 | Utility filing fee | \$690.00 | 106 | 310 | 206 | 155 | Design filing fee |  | 107 | 480 | 207 | 240 | Plant filing fee |  | 108 | 690 | 208 | 345 | Reissue filing fee |  | 114 | 150 | 214 | 75 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  |  |  | <b>(\$)</b> 690.00 | Total Claims |  | Extra Claims |  | Fee from below |  | Fee Paid |  | Independent | Multiple Dependent |  |  |  |  |  |  | 20 | 3 | 20 | 3 | 0 | 18.00 | 0 |  |  |  |  |  | 0 | 78.00 |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103 | 18 | 203 | 9 | Claims in excess of 20 |  | 102 | 78 | 202 | 39 | Independent claims in excess of 3 |  | 104 | 260 | 204 | 130 | Multiple Dependent claim, if not paid |  | 109 | 78 | 209 | 39 | **Reissue independent claims over original patent |  | 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  |  |  | <b>(\$)</b> 0.00 | <p><b>3. ADDITIONAL FEE</b></p> <table style="width: 100%; font-size: x-small;"> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet.</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for response within first month</td> <td></td> </tr> <tr> <td>116</td> <td>380</td> <td>216</td> <td>190</td> <td>Extension for response within second month</td> <td></td> </tr> <tr> <td>117</td> <td>870</td> <td>217</td> <td>435</td> <td>Extension for response within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,210</td> <td>218</td> <td>680</td> <td>Extension for response within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,850</td> <td>228</td> <td>925</td> <td>Extension for response within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>300</td> <td>219</td> <td>150</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>300</td> <td>220</td> <td>150</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>260</td> <td>221</td> <td>130</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,210</td> <td>241</td> <td>605</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,210</td> <td>242</td> <td>605</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>430</td> <td>243</td> <td>215</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>580</td> <td>244</td> <td>290</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>240</td> <td>126</td> <td>240</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40.00</td> </tr> <tr> <td>146</td> <td>790</td> <td>246</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>790</td> <td>249</td> <td>395</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td><b>(\$)</b> 40.00</td> </tr> </table> <p style="font-size: x-small;">* Reduced by Basic Filing Fee Paid</p> | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for response within first month |  | 116 | 380 | 216 | 190 | Extension for response within second month |  | 117 | 870 | 217 | 435 | Extension for response within third month |  | 118 | 1,210 | 218 | 680 | Extension for response within fourth month |  | 128 | 1,850 | 228 | 925 | Extension for response within fifth month |  | 119 | 300 | 219 | 150 | Notice of Appeal |  | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal |  | 121 | 260 | 221 | 130 | Request for oral hearing |  | 138 | 1,510 | 138 | 1510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,210 | 241 | 605 | Petition to revive - unintentional |  | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) |  | 143 | 430 | 243 | 215 | Design issue fee |  | 144 | 580 | 244 | 290 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 146 | 790 | 246 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 790 | 249 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | <b>(\$)</b> 40.00 |
|--|--------------------|--------------|--------------|--|--------------------|----------|----------|----------|----------|----------|-----|-----|-----|-----|--------------------|----------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|--|---------------------|--|--|--|--|--------------------|--------------|--|--------------|--|----------------|--|----------|--|-------------|--------------------|--|--|--|--|--|--|----|---|----|---|---|-------|---|--|--|--|--|--|---|-------|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|----|-----|---|------------------------|--|-----|----|-----|----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|----|-----|----|---|--|-----|----|-----|---|---|--|---------------------|--|--|--|--|------------------|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|----|-------------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|--|--|-----|------|-----|------|--|--|-----|--------|-----|--------|---|--|-----|-----|-----|----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|-------|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|---------------------------|--|--|--|--|--|---------------------------|--|--|--|--|--|---------------------|--|--|--|--|-------------------|
| Large Entity   |                    | Small Entity |              | Fee Description  |                    |          | Fee Paid |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| Fee Code   | Fee (\$)           | Fee Code     | Fee (\$)     |  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 101  | 690                | 201          | 345          | Utility filing fee   | \$690.00           |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 106  | 310                | 206          | 155          | Design filing fee  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 107  | 480                | 207          | 240          | Plant filing fee   |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 108  | 690                | 208          | 345          | Reissue filing fee   |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 114  | 150                | 214          | 75           | Provisional filing fee   |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| <b>SUBTOTAL (1)</b>  |                    |              |              |  | <b>(\$)</b> 690.00 |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| Total Claims   |                    | Extra Claims |              | Fee from below   |                    | Fee Paid |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| Independent  | Multiple Dependent |              |              |  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 20   | 3                  | 20           | 3            | 0  | 18.00              | 0        |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
|  |                    |              |              | 0  | 78.00              |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| Large Entity   |                    | Small Entity |              | Fee Description  | Fee Paid           |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| Fee Code   | Fee (\$)           | Fee Code     | Fee (\$)     |  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 103  | 18                 | 203          | 9            | Claims in excess of 20   |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 102  | 78                 | 202          | 39           | Independent claims in excess of 3  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 104  | 260                | 204          | 130          | Multiple Dependent claim, if not paid                                      |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 109  | 78                 | 209          | 39           | **Reissue independent claims over original patent                          |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 110  | 18                 | 210          | 9            | **Reissue claims in excess of 20 and over original patent                  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| <b>SUBTOTAL (2)</b>  |                    |              |              |  | <b>(\$)</b> 0.00   |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| Large Entity   |                    | Small Entity |              | Fee Description  | Fee Paid           |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| Fee Code   | Fee (\$)           | Fee Code     | Fee (\$)     |  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 105  | 130                | 205          | 65           | Surcharge - late filing fee or oath  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 127  | 50                 | 227          | 25           | Surcharge - late provisional filing fee or cover sheet.                    |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 139  | 130                | 139          | 130          | Non-English specification  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 147  | 2,520              | 147          | 2,520        | For filing a request for reexamination                                     |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 112  | 920*               | 112          | 920*         | Requesting publication of SIR prior to Examiner action                     |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 113  | 1,840*             | 113          | 1,840*       | Requesting publication of SIR after Examiner action                        |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 115  | 110                | 215          | 55           | Extension for response within first month                                  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 116  | 380                | 216          | 190          | Extension for response within second month                                 |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 117  | 870                | 217          | 435          | Extension for response within third month                                  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 118  | 1,210              | 218          | 680          | Extension for response within fourth month                                 |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 128  | 1,850              | 228          | 925          | Extension for response within fifth month                                  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 119  | 300                | 219          | 150          | Notice of Appeal   |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 120  | 300                | 220          | 150          | Filing a brief in support of an appeal                                     |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 121  | 260                | 221          | 130          | Request for oral hearing   |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 138  | 1,510              | 138          | 1510         | Petition to institute a public use proceeding                              |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 140  | 110                | 240          | 55           | Petition to revive - unavoidable   |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 141  | 1,210              | 241          | 605          | Petition to revive - unintentional   |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 142  | 1,210              | 242          | 605          | Utility issue fee (or reissue)   |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 143  | 430                | 243          | 215          | Design issue fee   |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 144  | 580                | 244          | 290          | Plant issue fee  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 122  | 130                | 122          | 130          | Petitions to the Commissioner  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 123  | 50                 | 123          | 50           | Petitions related to provisional applications                              |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 126  | 240                | 126          | 240          | Submission of Information Disclosure Stmt                                  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 581  | 40                 | 581          | 40           | Recording each patent assignment per property (times number of properties) | 40.00              |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 146  | 790                | 246          | 395          | Filing a submission after final rejection (37 CFR 1.129(a))                |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 149  | 790                | 249          | 395          | For each additional invention to be examined (37 CFR 1.129(b))             |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| Other fee (specify) _____  |                    |              |              |  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| Other fee (specify) _____  |                    |              |              |  |                    |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| <b>SUBTOTAL (3)</b>  |                    |              |              |  | <b>(\$)</b> 40.00  |          |          |          |          |          |     |     |     |     |                    |          |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |  |              |  |                |  |          |  |             |                    |  |  |  |  |  |  |    |   |    |   |   |       |   |  |  |  |  |  |   |       |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |      |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |

|   |  |                                |  |                                 |  |
|---|--|--------------------------------|--|---------------------------------|--|
| <b>SUBMITTED BY</b>                                 |  |                                |  | <b>Complete (if applicable)</b> |  |
| <p>Typed or Printed Name      William W. Schaal</p> |  | <p>Reg. Number      39,018</p> |  |                                 |  |
| <p>Signature      </p>                              |  | <p>Date      06/28/00</p>      |  |                                 |  |
| <p>Deposit Account User ID      02-2666</p>         |  | <p>02-2666</p>                 |  |                                 |  |

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